State of Washington Department of Agriculture Olympia, Washington 98504

PESTICIDE APPLICATION RECORD (Version 3)

NOTE: This form must be completed same day as the application and it must be retained for 7 years (Ref. RCW 17.21)

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1.	Date of Application - Year:	Month:	Day(s):							
2.	Name of Person for whom the pesticide was applied:									
	Firm Name (if applicable):									
	Street Address:	C	ity:	State:	Zip:					
3.	Licensed Applicator's Name (if different	ent from #2 above):		License N	0					
	Firm Name (if applicable):			Tel. No						
	Street Address:	C	ity:	State:	Zip:					
4.	☐ Air ☐ Ground ☐ Chemig	ation								
5.	Application Crop or Site:									
6.	Total Area Treated (acre, sq. ft., etc.):									
7.	Was this application made as a result	t of a WSDA Permit?	No Yes (if yes	, give Permit No.) #						
8.	Pesticide Information (please list all in	nformation for each pesticide	e in the tank mix):							
	a) Product Name	b) EPA Reg. No.	c) Total Amount of Pesticide Applied in Area Treated	d) Pesticide Applied/Acre (or other measure)	e) Concentration Applied					
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9. Address *or exact location* of application. NOTE: if the application is made to one acre or more of agricultural land, the field location must be shown on the map on page two of this form.

10. Date	11. Name of person(s) making the application	12. License No.	13. Apparatus Lic. Plate No.	14. Start	ime Stop	15. Acres Completed	Vind Vel.	17. Temp

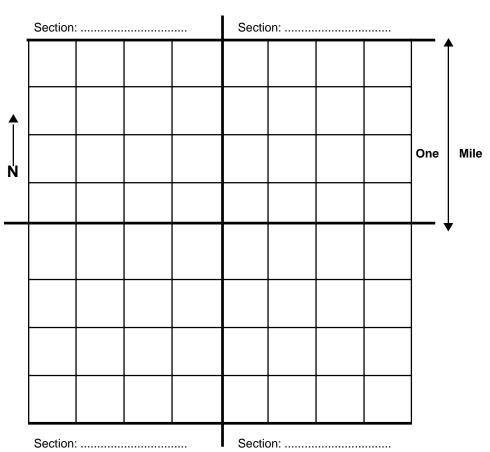
	12.	13. Apparatus	14. Time 15.		15. Acres	5. Acres 16. Wind		T
11. Name of person(s) making the application	License No.	Lic. Plate No.	Start	Stop	Completed	Dir.	Vel.	17. Temp
	<u> </u>	<u> </u>						
	11. Name of person(s) making the application	11. Name of person(s) making the application 12. License No.	11. Name of person(s) making the application 12. License No. Lice		11. Name of person(s) making the application License No. 12. License No. 13. Apparatus Start Stop	11. Name of person(s) making the application License No. License N	11. Name of person(s) making the application 12. License No. 13. Apparatus Lic. Plate No. Start Stop Completed Dir. 15. Acres Completed Dir. 16. Vicense No. 16. Vicense No. 17. Plate No. Start Stop Stop Completed Dir. Start Stop Completed Dir. Stop Completed Dir.	11. Name of person(s) making the application 12. License No. Lic. Plate No. Start Stop Stop Completed Dir. Vel. 13. Apparatus Lic. Plate No. Start Stop Completed Dir. Vel.

Location of Application (If the application
covers more than one township or range,
please indicate the township & range for the
top left section of the map only:

Township:	. N
Range: E OR W (please indicate)	
Section(s):	
County:	

PLEASE NOTE:

The map is divided into 4 sections with each section divided into quarter-quarter sections. Please complete it by marking the appropriate section number(s) on the map and indicate as accurately as possible the location of the area treated.



Miscellaneous Information:

INSTRUCTIONS

Pesticide Application Record (Version 3) AGR 4236 (Rev. 4/99)

- 1. Date may be spelled out or indicated numerically. Time may be indicated as start and stop times.
- 2. Please include first and last name.
- 3. If the person's name is the same as No. 2, please write "same" in the space for the licensed applicator's name and include the license number (if applicable) and telephone number.
- 4. Please check one.
- 5. Indicate type of land or site treated, not location. Examples: wheat, apples, rights-of-way, lawn, trees and shrubs, crawl space, wall voids, etc.
- 6. May also be stated in terms such as linear feet, cubic feet, etc. (Please specify the term to which the number refers.)
- 7. If the application was made under permit, but no permit number was issued, please indicate the date the permit was issued.
- 8. a) Brand name found on the pesticide label.
 - b) This number is found on the pesticide container label. If the material is being applied under a federal experimental use permit and no EPA Reg. No. exists, please list the federal experimental use permit number. If the material is a spray adjuvant (buffer, spreader, sticker, etc.) please write "adjuvant" in this space.
 - c) Indicate the amount of pesticide formulation (product) applied to the total area listed on line 6.
 - d) Other measures may include amount/sq. ft., amount/cu. ft., amount/linear ft., etc.
 - e) This may be listed in various ways, such as: amount of formulation/100 gallons water, percent formulation in the tank mix (i.e. 1%), amount of tank mix/acre (or other measure). Please specify the term to which the number refers.
- 9. Agricultural land includes such areas as forest lands and range lands. It does not include transportation and utility rights-of-way.
- 10. List the day of application
- 11. Please indicate first and last name(s).
- 12. List license number(s) if applicable.
- 13. This does not apply to private applicators or public agencies.
- 14. Indicate a.m. or p.m.
- 15. The total of all entries in this column should equal the total listed on line 6.
- 16. Indicate the direction from which the wind is blowing. If the wind varies in direction and velocity during the application, please indicate the range of variance (i.e. S-SW 3-7 mph).
- 17. Please indicate temperature in degrees Fahrenheit. (It may be indicated as the range encountered during the application.)